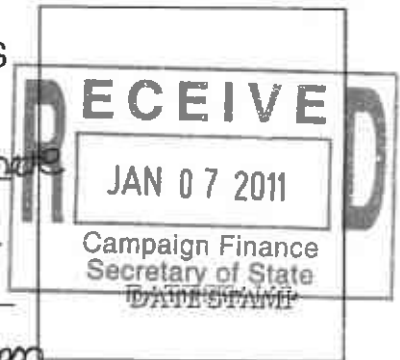


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election



Name of Committee Committee to Elect Jonny Davis / Senate
Address 2174 Buse Street Tupelo MS 38804
Telephone 662-871-9223 Fax 662-840-3311
Treasurer Jonny Davis Email jstunndavis@yahoo.com

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory
☐ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only
☐ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ N/A + \$ 6,180.00	\$ 6,180.00	\$ 6,180.00
Total amount of disbursements	\$ 270.00 + \$ N/A	\$ 270.00	\$ 270.00
Total amount of cash on hand		\$ 5,910.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

1/5/2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jonny DavisReporting period 1/1/10 through 1/1/11None

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Jonny Davis
 Reporting period 1/1/10 through 1/1/11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bishops Flowers & Gifts		
Mailing Address		\$
Tupelo, MS 38804	<u> </u> / <u> </u> / <u> </u>	30.00
City, State, Zip Code		\$
Supplies	<u> </u> / <u> </u> / <u> </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
City of Tupelo		
Mailing Address		\$
Tupelo, MS 38804	<u>1/4/11</u>	50.00
City, State, Zip Code		\$
permit	<u> </u> / <u> </u> / <u> </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lee Co. Courier		
Mailing Address		\$
Tupelo, MS 38804	<u>1/4/11</u>	190.00
City, State, Zip Code		\$
Ad	<u> </u> / <u> </u> / <u> </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 190.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u> </u> / <u> </u> / <u> </u>	
City, State, Zip Code		\$
	<u> </u> / <u> </u> / <u> </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u> </u> / <u> </u> / <u> </u>	
City, State, Zip Code		\$
	<u> </u> / <u> </u> / <u> </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u> </u> / <u> </u> / <u> </u>	
City, State, Zip Code		\$
	<u> </u> / <u> </u> / <u> </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$